

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
OCT 24 2014
Bayfield Co. Zoning Dept.

Permit #: **ENTERED**
Date: **3-11-15**
Amount Paid: **\$1,500**
Refund: **10-04-14**
15-00-10
610 3-11-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Debra Shea/Henry Atkins</u>	Mailing Address: <u>6200 WINDGOLF LANE EAU CLAIRE WI</u>	Telephone: <u>715-832-2915</u>
Address of Property: <u>43825 COURT HUNTER DR</u>	City/State/Zip: <u>CABLE, WI 54601</u>	Cell Phone: <u>715-577-8057</u>
Contractor: <u>MAKES & JOHNSON</u>	Contractor Phone: <u>715-834-1213</u>	Plumber: <u>TBD</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Debra Shea</u>	Agent Phone: <u>715-834-1213</u>	Agent Mailing Address (include City/State/Zip): <u>TBD</u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>034-2-43-00-14-2-00-227-50500</u>	Recorded Document: (i.e. Property Ownership) <u>1132</u> Page(s) <u>635</u>
Gov't Lot: <u>1/4</u>	Lot(s): <u>788</u>	Block(s) No.: <u>2</u>
Vol & Page: <u>10, 289</u>	Lot(s) No.: <u>2</u>	Subdivision: <u>12.54</u>
Section <u>14</u> , Township <u>43</u> N, Range <u>6</u> W	Town of: <u>WINDGOLF</u>	Lot Size: <u>12.54</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>78' from west</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes--continue <u>→</u>	Distance Structure is from Shoreline: <u>78' from west</u> feet	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$29,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>46</u> x <u>48</u>)	<u>2112</u>
<input type="checkbox"/> with Loft	(<u>20</u> x <u>24</u>)	<u>480</u>	
<input type="checkbox"/> with a Porch	(<u> </u> x <u> </u>)		
<input type="checkbox"/> with (2 nd) Deck	(<u> </u> x <u> </u>)		
<input type="checkbox"/> with a Deck	(<u> </u> x <u> </u>)		
<input type="checkbox"/> with (2 nd) Deck	(<u> </u> x <u> </u>)		
<input type="checkbox"/> with Attached Garage	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Mobile Home (manufactured date) _____	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Addition/Alteration (specify) _____	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Accessory Building (specify) _____	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Special Use: (explain) _____	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Conditional Use: (explain) _____	(<u> </u> x <u> </u>)		
<input type="checkbox"/> Other: (explain) _____	(<u> </u> x <u> </u>)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) the applicant (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Debra Shea Date 10-23-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Debra Shea Date 10-23-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 6100 WINDGOLF LANE EAU CLAIRE WI 54601 Attach Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

ATU NEEDS SERVICES (Due 11-21-14)

ENTER
Box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached Plans

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	220' Feet	Setback from the Lake (ordinary high-water mark)	95 Feet
Setback from the Established Right-of-Way	190' Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	120' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line - From Lake	95' Feet	Setback from Wetland - From Well	78' Feet
Setback from the West Lot Line - From Stone	78 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	40' Feet	Elevation of Floodplain	1397.58 Feet
Setback to Septic Tank or Holding Tank	60' Feet	Setback to Well	40' Feet
Setback to Drain Field	180' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

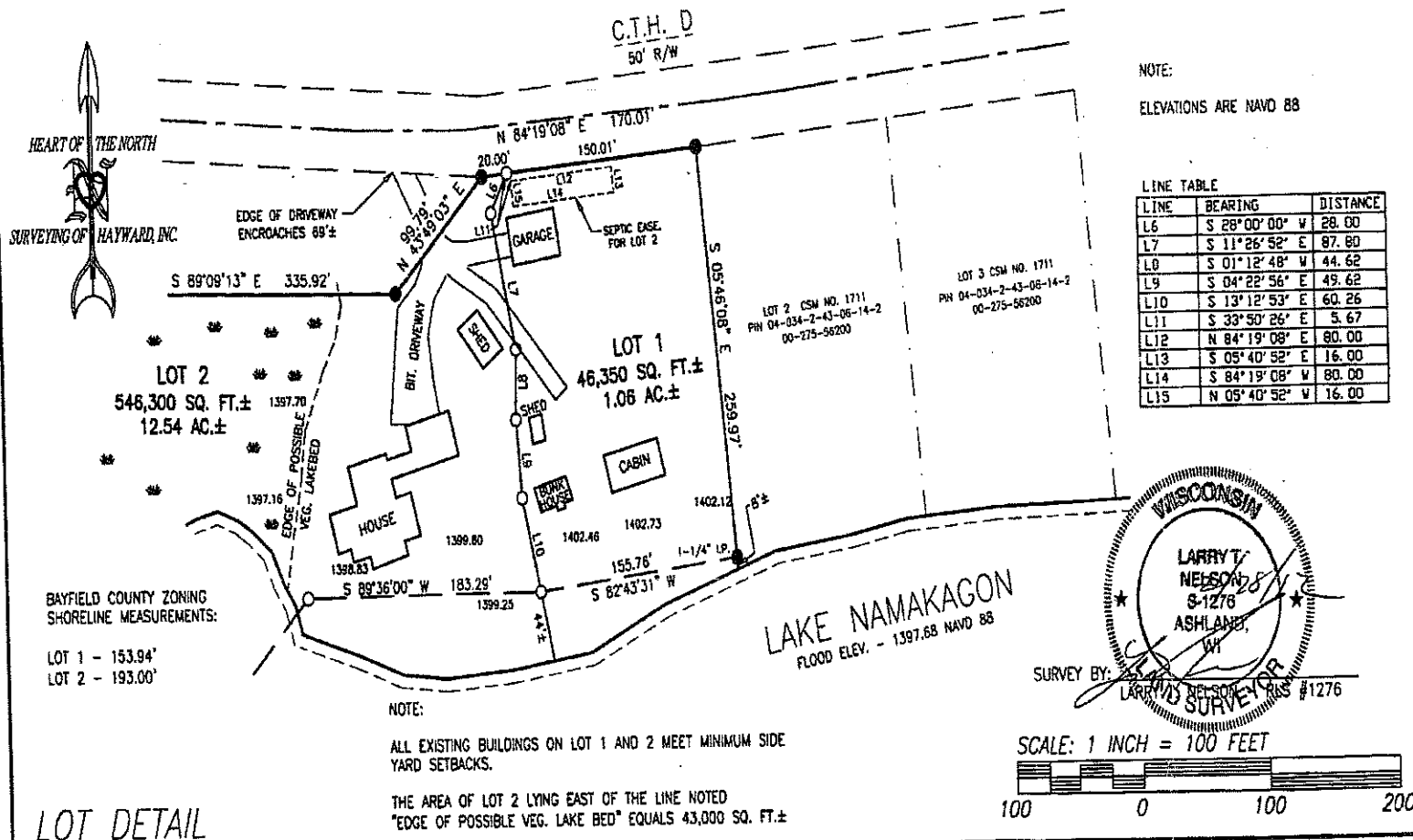
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 12-605	# of bedrooms: 3	Sanitary Date: 6-26-12			
Permit Denied (Date):	Reason for Denial:					
Permit #: 15-0040	Permit Date: 3-11-15					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed				
Inspection Record:	Zoning District: (RRB)					
Well Staked, Meets all setbacks.	Lakes Classification: ()					
Date of Inspection: 11-6-14	Inspected by: M. Funtala	Date of Re-inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)						
Signature of Inspector: Michael Funtala	Hold For Sanitary: <input checked="" type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>					Date of Approval: 11-12-14

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1788

A DIVISION OF LOT 1, CSM NO. 1711, BEING LOT 55 OF NAMAKAGON LAKESHORE SUBDIVISION AND GOV'T. LOT 11, ALL IN SECTION 14, T. 43 N., R. 6 W., IN THE TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN.



LEGEND

- FD. 1-1/2" IRON PIPE, UNLESS NOTED
- SET 1-1/4"(OD) X 18" IRON PIPE, WT. = 1.68#/FT.
- () RECORDED DATA
- 1401.96 GROUND ELEV.

CLIENT: JON MCKINNEY

BEARINGS ARE REFERENCED TO THE NORTH LINE OF THE NW 1/4 OF SEC. 14, ASSUMED TO BEAR N 89°35'29" E.

JOB: H12/003
DRAFTED BY: JRN
SCALE: 1" = 100'
NB.8-20/PG.63

FILE: T4JNRGM/SE14
ACAD: H12_003_CSM
PAC: H09_086
SHEET 2 OF 3 SHEETS

HEART OF THE NORTH
SURVEYING OF HAYWARD, INC.

10339 N. DUFFY ROAD
HAYWARD, WIS. 54043
PH: 715/634-2442
FAX: 715/634-8444
WWW.HONSURVEYING.COM

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (intended)
MAR 09 2015
Bayfield Co. Zoning Dept.

ENTERED
Date:
Amount Paid:

Permit #: 15-00418
Date: 3-13-15
Amount Paid: \$380 3-13-15

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>JAMES MILLEN</u>	Mailing Address: <u>6538 WHITETAIL TR</u>	City/State/Zip: <u>LNNO LAKE, MN 55038</u>	Telephone: _____
Address of Property: <u>23010 VICINE BAY DR</u>	City/State/Zip: <u>CABLE WI 54821</u>	Cell Phone: <u>612-150-3555</u>	
Contractor: <u>SELF</u>	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-034-2-43-06-11-2 05-002-100 06</u>	Recorded Document: (i.e. Property Ownership) <u>833</u> Page(s) <u>614</u>
Gov't Lot: _____	Gov't Lot: _____	CSM: _____	Vol & Page: _____
Lot(s): _____	CSM: _____	Vol & Page: _____	Lot(s) No.: _____
Block(s) No.: _____	Subdivision: _____	Lot Size: _____	Acreage: <u>2.6</u>
Section <u>11</u> , Township <u>43</u> N, Range <u>6</u> W	Town of: <u>Namakagon</u>	Lot Size: _____	Acreage: <u>2.6</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage if yes—continue →	Distance Structure is from Shoreline: <u>200</u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <u>\$50,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>lift up drain field</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>54</u>	Width: <u>36</u>	Height: <u>20' 11" walls</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> with Loft			() X ()	
<input type="checkbox"/> with a Porch			() X ()	
<input type="checkbox"/> with (2 nd) Porch			() X ()	
<input type="checkbox"/> with a Deck			() X ()	
<input type="checkbox"/> with Attached Garage			() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		() X ()	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>36x54 garage (steel buildings)</u>			() 36 X 54	1944
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		() X ()	
Rec'd for Issuance	<input type="checkbox"/>			
MAR 13 2015	<input type="checkbox"/>	Special Use: (explain)	() X ()	
Secretarial Staff	<input type="checkbox"/>	Conditional Use: (explain)	() X ()	
Other: (explain)	<input type="checkbox"/>		() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 3/5/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 6538 White Tail Trail Lino Lakes, MN 55038

Attach
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
North (N) on Plot Plan
Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%
- (1) Show Location of:
(2) Show:
(3) Show any (*):
(4) Show any (*):
(5) Show any (*):
(6) Show any (*):
(7) Show any (*):

House 44' X 54'
walkway 4' X 60'
Parking area 40' X 40'
driveway 14' X 130'
Sauna/shed 18' X 13'

See attachment

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 + Feet	Setback from the Lake (ordinary high-water mark)	195 Feet
Setback from the Established Right-of-Way	300 + Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	Lake N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	Town Rd N/A Feet	Setback from Wetland	105 Feet
Setback from the West Lot Line	52 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	104 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	43 Feet	Setback to Well	70 Feet
Setback to Drain Field	25 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

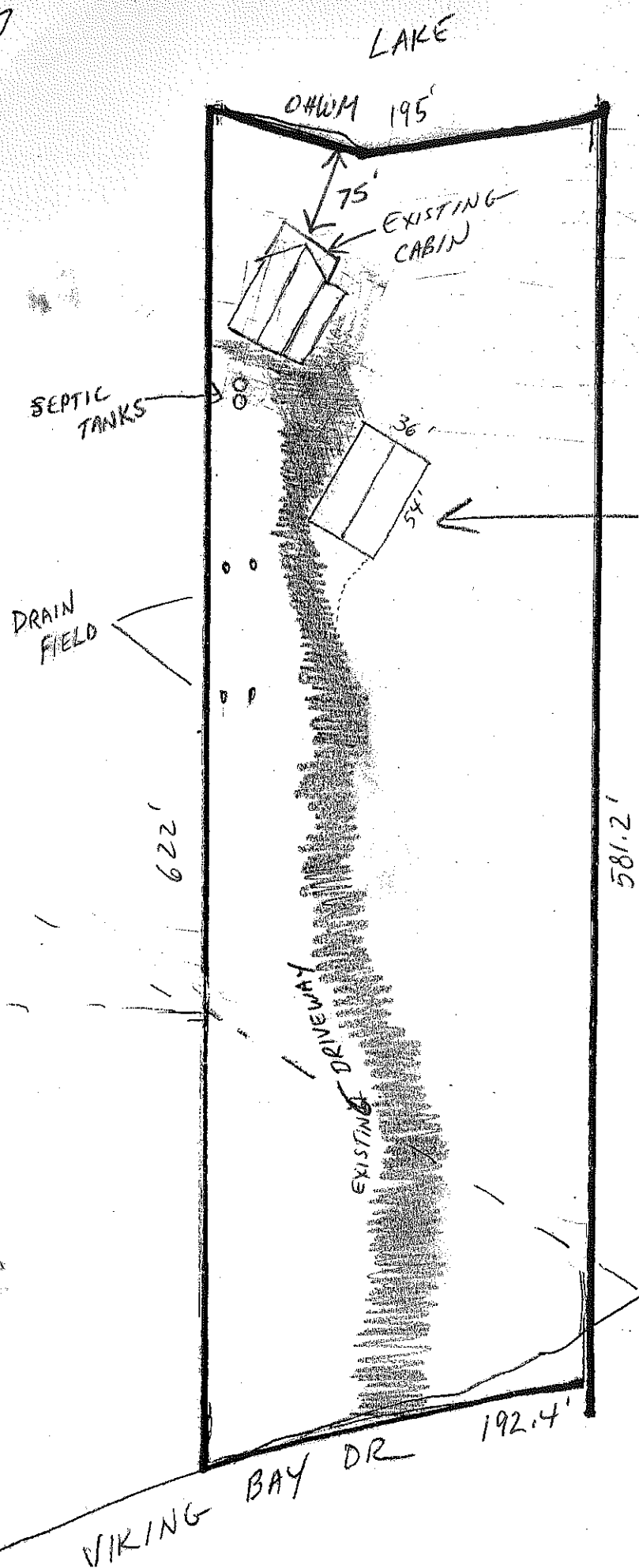
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-0048	Permit Date: 3-13-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 3-12-15	Inspected by: M. Fuchs					
Conditions: Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.						
May not be used for human habitation. No water under pressure in structure						
Signature of Inspector: Michael Fuchs						Date of Approval: 3-13-15
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

PARCEL# 040342430611205 00210000

TAX# 2459.7



Distance from
field to proposed
garage — 25'

Distance from septic
tanks to proposed garage
— 43'

Distance from property
line to proposed garage — 52'

PROPOSED
GARAGE
36' x 54'

FR779